Division of Health Care Finance and Policy

Fiscal Year 1992

Inpatient Hospital Discharge Database Documentation Manual

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Introduction

The General Documentation of the fiscal year 1992 merged case mix and charge data is designed to provide researchers with an understanding of the data quality issues connected with the data elements they may decide to examine.

The General Documentation is divided into four (4) sections.

SECTION A - DATA: describes the basic data quality standards as contained in 114.1 CMR 17.00 Requirement for the Submission of Case Mix and Charge Data (referred to as the 17.00 Regulation); general data definitions, general data caveats, and specific data elements.

The case mix data plays a vital and growing role in health care research and analysis. To ensure the accuracy of the database, the Massachusetts Rate Setting Commission (MRSC) required hospitals to use Response Sheet A (see Attachment I) to certify the correctness of their data as it appeared on the verification report, or to use Response Sheet B (see Attachment II) to certify that the hospital found discrepancies in the data and was submitting written corrections that provided an accurate profile of the hospital's fiscal year 1992 discharges.

<u>SECTION B – HOSPITAL RESPONSES</u>: focuses on hospitals' responses to the verification reports. This section contains the following lists and charts.

- 1. Hospitals that Returned Verification Report Response A to certify the correctness of their data as it appears on the database.
- 2. Hospitals that Returned Verification Report Response B to certify that they found discrepancies in their data. In these cases hospitals are required to submit written corrections to the Commission. Responses and explanations for the noted differences are also provided in Section B-6.
- 3. Hospitals that Did Not Respond to the Rate Setting Commission's verification report project.
- 4. Summary of Hospital Responses
- 5. Hospitals by Category of Reported Data Errors. Each data category is listed separately and the names of the hospitals reporting discrepancies for the specific category are listed within it. If the user wishes to review specific corrections reported by a given hospital, he/she should refer to that hospital's specific comments in Section B-5.
- 6. Detailed Listing of Hospital Discrepancies.

<u>SECTION C – UNACCEPTABLE DATA FILE</u>: lists hospitals who have not submitted all four quarters of acceptable data.

NOTE: For Fiscal year 1992, only four hospitals did not meet the requirements of the 17.00 Regulation for all four quarters.

SECTION D – ATTACHMENTS: Provides Attachments I through V.

Introduction - Continued

DRG METHODOLOGY – All-Patient Grouper Version 8.1

RESEARCHERS PLEASE NOTE: The MRSC now uses the All-Patient Grouper,

Version 8.1 to classify discharges into Diagnostic

Related Groups (DRGs).

Prior to Chapter 495, the HCFA Version II Grouper was used to classify discharges into Diagnostic Related Groups (DRGs). Beginning in October 1991, the MRSC began using the All-Patient Grouper Version 8.1 to classify all patient discharges. This change in the grouping methodology was made because the All-Patient DRG better represents the general population, such as newborns, and patients infected with HIV virus.

Under Chapter 23 of the Acts of 1988, MRSDC calculated acute hospitals' reimbursement on the basis of hospital case mix adjusted discharges. The Massachusetts Legislature has since enacted a new acute care hospital financing law, Chapter 495 of the Acts of 1991, which establishes a competitive, market-based system for health care, thus changing from a retrospective reimbursement system (Chapter 23) to a system promoting market competition among hospitals (Chapter 495). It controls health care costs through a simpler, less regulated reimbursement system. It streamlines the rules of payment and allows the marketplace to play a significant and much larger role in the allocation of resources. Under the new Chapter 495, the MRSC calculates the DRG Price Caps which are used to calculate each acute hospitals' Maximum Gross Inpatient Service Revenue Limitation. This Revenue Limitation represents an aggregate ceiling on charges for all patients. Any one individual in the insured group may be charged at a level below or above the price cap for that individual's DRG but, in the aggregate, charges for all patients may not exceed the Revenue Limitation. For non-insured, non-contracting patients, individual charges for the patient may not exceed the price cap that is specific to that individual's DRG.

The All-Patient DRG methodology is consistent with the ICD-9-CM procedure and Diagnosis codes in effect for this year. It is necessary to convert some ICD-9-CM codes to those acceptable to the AP-DRG 8.1 only for the first quarter (July, August, and September) of municipal hospitals. The MRSC mapped the applicable ICD-9-CM codes into a clinically representative code using the mapper utility provided by 3M Health Information Systems. This conversion is done internally for the purpose of DRG assignment and for reimbursement, and in no way alters the original ICD-9-CM codes that appear on the database. These codes remain on the database as they were reported by the hospital.

The hospital's profile of cases, grouped by AP-DRG 8.1, is part of the verification report. It is this grouped profile on which the hospitals commented. The Commission urged Hospitals to use the All-Patient-DRG-Grouper, Version 8.1 with same system Specifications as used by the MRSC.

SECTION A. DATA

- Data Quality Standards
 General Data Definitions
- 3. General Data Caveats
- 4. Specific Data Elements

1. Data Quality Standards

Hospitals submit the merged case mix and charge data 120 days after the end of each quarter. The data is then edited using the modified Integrated Data Demonstration (IDD) software developed under the IDD Pilot Project funded by a federal grant. Required data elements and corresponding edits are specified in the 17.00 Regulation.

The data is edited for compliance of a one percent error rate as set forth in the 17.00 Regulation. The one percent error rate was based on the presence of Type A and Type B errors as follows:

- Type A: One error per discharge caused rejection of the discharge.
- Type B: Two errors per discharge caused rejection of the discharge.

If more than one percent of the discharges are rejected, then the entire tape submission is rejected by the MRSC. (Please see Attachment III for a listing of the data elements categorized by error type.) The edits specified by the 17.00 Regulation are not clinical edits. The edits primarily check for valid codes, correct formatting, and presence of required data elements.

Each hospital receives an error report displaying invalid discharge information. For each hospital, quarterly data which does not meet the one percent compliance standard was resubmitted by the individual hospital until such a standard is met. All but four hospitals met this one percent error rate standard for all four quarters of fiscal year 1992.

When the majority of hospitals meet this compliance standard for all four quarters of their data, the yearly data is run through a series of frequency reports as part of a quality assurance/verification project. The intent of this project is to present hospitals with a profile of their data as held by the Commission. Hospitals are asked to verify selected data elements including number of days, number of discharges, amount of charges by accommodation and ancillary center, and listing of Diagnostic Related Groups (DRGs). (See Attachment IV for a description of the contents of the hospital verification report package.) Hospitals are also asked to certify their data and to submit any written caveats to accompany the copies of the data released to qualified researchers.

The hospital specific responses are provided in Section C of this general documentation. The frequency reports are available for inspection.

2. General Data Definitions

Before turning to an examination of specific data elements, several basic data definitions (as contained in the 17.00 Regulation) and general data caveats should be noted.

Case Mix Data:

Case specific, discharge data which includes both clinical data, such as medical reason for admission, treatment, and services provided to the patient, and duration and status of the patient's stay in the hospital; and socio-demographic data, such as expected payor, sex, race, and patient zip code.

Charge Data

The full undiscounted total and service specific charges billed by the hospital to the general public.

Ancillary Services

The service and their definitions as specified in the Commonwealth of Massachuetts <u>Hospital Uniform Reporting Manual</u> (HURM). (And as specified by the reporting codes and mapping scheme as listed in the 17.00 Regulation.)

Routine Services

The services and their definitions as specified in HURM S3241, promulgated under 114.1 CMR 4.00. Reporting codes are defined in 114.1 CMR 17.06(2)(a).

Special Care Units

The units which provide patient care of a more intensive nature than provided to the usual medical, obstetric, or pediatric patient. These units are staffed with specially trained nursing personnel and contain monitoring and specialized support equipment for patients who require intense, comprehensive care. Special care units shall include, but not be limited to, those units specified in 114.1 CMR 17.06(2)(b).

Leave of Absence

The count in days of a patient's absence with physician approval during a hospital stay without formal discharge and readmission to the facility.

3. General Data Caveats

Information is not entirely consistent from hospital to hospital due to inherent differences in:

- Effort spent on collecting and verifying patient supplied information before or at admission;
- Effort spent on completing discharge abstracts prior to coding by medical staff (ability of medical records staff to collect complete, accurate diagnostic and procedural information easily from doctors or charts);
- Effort spent on medical record abstraction, consistency, completeness;
- Extent of hospital data processing capabilities;
- Flexibility of hospital data processing systems;
- Commitment to quality; "representative" merged case mix and charge data;
- Capacity of financial processing system to record and/or reflect "late" charges to the Rate Setting Commission Tape.

These general data caveats stem from information gathered through conversations with members of the Rate Setting Commission Case Mix Data Advisory Group (CMDAG), staff at the Massachusetts Health Data Consortium (MHDC), and the numerous and various admitting, medical record, financial, administrative, and data processing personnel who call to comment upon and question our procedural requirements during the process.

The following points provide additional information for users regarding the process of collecting and editing the data.

- 1. The Case Mix data in Massachusetts has been collected since FY1978. Fiscal Year 1983 was the "start-up" year for the submission of merged case-mix and charge data.
- 2. The deadline for quarterly submission was extended from 90 to 120 days after the end of the quarter to enable more complete abstraction and compilation of financial and medical record information.
- 3. Error reports and frequency reports have been sent to the hospitals with ample opportunity to resubmit the data.
- 4. The Case Mix Data Advisory Group was established in 1983 to provide a forum for information exchange between hospitals, vendors, and the Commission.
- 5. Significant Commission staff time has been spent on documenting technical issues, problems and questions and verifying hospital supplied information in an attempt to discover and understand any major problem with the merged data.

General Data Caveats - Continued

Essentially, the Commission staff has attempted to respond to the various inconsistencies brought to our attention.

The <u>case mix data</u>, for the most part, is abstracted from discharge summaries derived from information gathered upon admission regarding expected payor status or derived from information entered by admitting and attending physicians into the medical record. In some hospitals, the Rate Setting Commission's diagnostic and procedural information may be summarized from incomplete discharge abstracts. More importantly, the principal diagnosis or procedure may be influenced by ambiguous or even illegible medical records, third party reimbursement policies, extent and experience of the medical record staff, as well as the sophistication of the DRG maximizing software employed by the hospital. Also, medical record coding expertise may not be consistent between hospitals.

The <u>charge data</u> is equally problematic. Certain hospitals did not have the capacity to add late charges to the Rate Setting Commission tape within the 120-day limit. In many hospitals "days billed" or "accommodation charges" do not equal the length of stay or the days that the patient spent in the hospital. Many hospitals have mentioned that their charges are a reflection of their pricing strategy and are not a reflection of resources spent in patient care delivery; therefore, charges cannot be used to compare hospitals.

4. Specific Data Elements

The purpose of the following section is to provide the user with explanations of some data elements included in the 17.00 Regulation and to give a sense of their reliability.

MDPH Hospital Computer Number

The Massachusetts Department of Public Health four digit number. (See Attachment V.)

Patient Race

In the third and fourth quarters of fiscal year 1984, race codes were expanded to include Asian, Hispanic, and American Indian. Due to misconceptions regarding the collection of race information, the Rate Setting Commission has worked toward correcting the problem. A statement from the Massachusetts Commission Against Discrimination was sent to all hospital administrators. This statement explained that asking for race information was voluntary and not a form of discrimination.

How accurate the reporting of this data element is for a given hospital is difficult to ascertain; therefore the user should be aware that the distribution of patients for this data element may not represent an accurate grouping of a given hospital's population.

Leave of Absence (LOA) Days

The hospitals are required to report these days to the Commission if they are used. At present, there is no way for the Commission to verify the use of these days if they are not reported. Therefore, the user should be aware that the completeness of this category relies solely on the accuracy of a given hospital's reporting practices.

SECTION B. HOSPITAL RESPONSES

- 1. Hospitals that Returned Verification Report Response A
- 2. Hospitals that Returned Verification Report Response B
- 3. Hospitals that Did Not Return Verification Report Response
- 4. Summary of Hospital Responses
- 5. Hospitals by Category of Reported Data Errors
- 6. Detailed Listing of Hospital Discrepancies

1. Hospitals that Returned Verification Report Response A

Addison Gilbert Hospital

Amesbury Hospital

Atlanticare Medical Center

Berkshire Medical Center

Boston City Hospital

Brigham & Women's Hospital

Brockton Hospital

Burbank Hospital

Cape Cod Hospital

Cardinal Cushing Hospital

Carney Hospital

Charlton Memorial Hospital

Clinton Hospital

Cooley Dickinson Hospital

Emerson Hospital

Fairview Hospital

Falmouth Hospital

Franklin Medical Center

Hahnemann Hospital

Henry Heywood Memorial Hospital

Heritage Hospital

Hillcrest Hospital

Holy Family Hospital

Holyoke Hospital

Lahey Clinic

Lawrence General Hospital

Lawrence Memorial Hospital

Leominster Hospital

Lowell General Hospital

Malden Hospital

Marlborough Hospital

Mary Lane Hospital

Mercy Hospital

MetroWest Medical Center – Framingham Campus

MetroWest Medical Center – Leonard Morse Campus

Milton Hospital

Morton Hospital

Mount Auburn Hospital

Nantucket Cottage Hospital

Nashoba Community Hospital

New England Baptist Hospital

New England Memorial Hospital

Newton-Wellesley Hospital

Norwood Hospital

St. Anne's Hospital

St. Elizabeth's Hospital (Please see hospital comments in Section B-6)

St. Joseph's Hospital

St. Luke's of New Bedford

Saint Vincent

1. Hospitals that Returned Verification Report Response A - Continued

Salem Hospital
South Shore Hospital
Southwood Community Hospital
Sturdy Memorial Hospital
Symmes Hospital
Tobey Hospital
University Hospital
Waltham/Weston Hospital
Whidden Memorial Hospital
Wing Memorial Hospital
Winthrop Hospital

2. Hospitals that Returned Verification Report Response B

Beth Israel Hospital
Children's Hospital
Dana Farber Cancer Institute
Faulkner Hospital
Glover Memorial Hospital
Goddard Memorial Hospital
Harrington Memorial Hospital
Hubbard Regional Hospital
Jordan Hospital
Ludlow Hospital
Medical Center of Central Massachusetts
Melrose-Wakefield Hospital
New England Deaconess Hospital
Noble Hospital

North Adams Regional Hospital

Providence Hospital

St. John's of Lowell Hospital

J.B. Thomas Hospital

UMass. Medical Center

NOTE: St. Elizabeth's Hospital submitted Response A, but with comments which are included in this section.

3. Hospitals that Did Not Return Verification Report Response

Adcare Hospital of Worcester
Anna Jaques Hospital
Baystate Medical Center
Beverly Hospital
Cambridge Hospital
Haverhill Municipal Hospital
Massachusetts Eye & Ear Hospital
Massachusetts General Hospital
Milford-Whitinsville Regional Hospital
New England Medical Center
Quincy Hospital
St. Margaret's Hospital
Winchester Hospital

4. <u>Summary of Hospital Responses</u> – The next three pages show in chart format each hospital's response to the verification report process.

DPH#	Hospital	A	В	None	Comments
2202	Adcare Hospital			X	
2016	Addison Gilbert	X			
2078	Amesbury	X			
2006	Anna Jaques			X	
2226	Athol Memorial				Qtrs 1,2,3 only
2073	Atlanticare	X			
2339	Baystate			X	
2313	Berkshire	X			
2069	Beth Israel		X		
2007	Beverly			X	
2307	Boston City	X			
2921	Brigham & Women's	X			
2118	Brockton	X			
2031	Brookline				CLOSED
2034	Burbank	X			
2108	Cambridge			X	
2135	Cape Cod	X			
2311	Cardinal Cushing	X			
2003	Carney	X			
2337	Charlton Memorial	X			
2139	Children's		X		
2126	Clinton	X			
2155	Cooley Dickinson	X			
2335	Dana Farber		X		
2018	Emerson	X			
2098	Fairlawn				CLOSED
2052	Fairview	X			
2289	Falmouth	X			
2053	Farren Memorial				CLOSED
2048	Faulkner		X		
2120	Franklin Medical	X			
2054	Glover Memorial		X		
2101	Goddard Hospital		X		
2091	Hahnemann of Boston	X			
2143	Harrington Memorial		X		
2131	Haverhill			X	
2036	Henry Heywood	X			
2119	Heritage	X			
2231	Hillcrest	X			
2110	Holden District				MERGED
2225	Holy Family	X			

4. Summary of Hospital Responses - Continued

DPH#	Hospital	A	В	None	Comments
2145	Holyoke	X			
2157	Hubbard Regional		X		
2093	Hunt Memorial				CLOSED
2082	Jordan		X		
2033	Lahey Clinic	X			
2099	Lawrence General	X			
2038	Lawrence Memorial	X			
2127	Leominster	X			
2040	Lowell General	X			
2160	Ludlow Hospital		X		
2041	Malden	X			
2103	Marlborough	X			
2042	Martha's Vineyard				Qtrs. 1 & 2 only
2004	Mary Alley				CLOSED
2148	Mary Lane	X			
2167	Mass. Eye & Ear			X	
2168	Mass. General			X	
2043	Mass. Osteopathic				CLOSED
2077	Med. Ctr. Central Mass.		X		
2058	Melrose-Wakefield		X		
2149	Mercy	X			
2020	MetroWest - Framingham	X			
2039	MetroWest – Leonard M.	X			
2105	Milford-Whitinsville			X	
2227	Milton	X			
2022	Morton	X			
2071	Mt. Auburn	X			
2113	No. Shore Children's				MERGED
2044	Nantucket Cottage	X			
2298	Nashoba Community	X			
2059	N. E. Baptist	X			
2092	N. E. Deaconess		X		
2299	N.E. Medical Center			X	
2060	N. E. Memorial	X			
2075	Newton-Wellesley	X			
2076	Noble		X		
2061	North Adams Regional		X		
2114	Norwood	X			
2260	Parkwood				CLOSED
2150	Providence		X		
2151	Quincy			X	
2011	St. Anne's	X			

4. Summary of Hospital Responses - Continued

DPH#	Hospital	A	В	None	Comments
2085	St. Elizabeth's	X			
2029	St. John's		X		
2063	St. Joseph's	X			
2010	St. Luke's of N.B.	X			
2086	St. Luke's Middleboro				CLOSED
2065	St. Margaret			X	
2128	St. Vincent	X			
2014	Salem	X			
2213	Sancta Maria				CLOSED
2001	Somerville				Qtrs. 1 & 2 only
2107	South Shore	X			
2856	Southwood	X			
2100	Sturdy Memorial	X			
2089	Symmes	X			
2171	J.B. Thomas		X		
2106	Tobey	X			
2008	Union of Lynn				MERGED
2084	University	X			
2841	UMass. Med. Center		X		
2067	Waltham/Weston	X			
2046	Whidden Memorial	X			
2094	Winchester			X	
2181	Wing Memorial	X			
2013	Winthrop	X			
2125	Worcester City				Qtrs. 1 & 2 only

5. Hospitals by Category of Reported Data Errors

This section shows hospitals listed by the category of reported discrepancies.

Number of Discharges:

Glover Memorial Hospital Goddard Memorial Hospital Providence Hospital

Discharges by Payor:

Faulkner Hospital Medical Center of Central Massachusetts New England Deaconess Hospital Noble Hospital Providence Hospital St. John's Hospital

Length of Stay:

Faulkner Hospital Providence Hospital UMass. Medical Center

Number of Diagnosis Codes Used per Patient:

Faulkner Hospital

Number of Procedure Codes Used per Patient:

Faulker Hospital

Age:

Faulkner Hospital Medical Center of Central Massachusetts Providence Hospital

LOA Days:

Faulkner Hospital

5. Hospitals by Category of Reported Data Errors

Disposition:

Faulkner Hospital Hubbard Regional Hospital Providence Hospital

Accommodation Charges:

Melrose-Wakefield Hospital Noble Hospital UMass. Medical Center

Ancillary Charges:

Glover Memorial Hospital Ludlow Hospital Noble Hospital Providence Hospital

Source of Admission:

Harrington Memorial Hospital Ludlow Hospital Providence Hospital

Type of Admission:

Providence Hospital

Average Length of Stay:

Providence Hospital

Race:

Faulkner Hospital

5. Hospitals by Category of Reported Data Errors

Sex:

Providence Hospital

Discharges by DRG:

Beth Israel Hospital
Children's Hospital
Dana Farber Cancer Institute
Faulkner Hospital
Glover Memorial Hospital
Medical Center of Central Massachusetts
Noble Hospital
North Adams Regional Hospital

Discharges by MDC:

Faulkner Hospital
Medical Center of Central Massachusetts

Routine Accommodation Days:

Jordan Hospital Melrose-Wakefield Hospital Noble Hospital UMass. Medical Center

Special Care Accommodation Days:

UMass. Medical Center

6. <u>Detailed Listing of Hospital Discrepancies</u>

The following pages contain documentation received from those hospitals who found discrepancies in the case mix data.

Beth Israel Hospital Explanation of Discrepancies

Beth Israel Hospital reported discrepancies in the area of DRGs. The hospital has provided the following corrections to their FY1992 verification report.

Category	MRSC	Hospital
DRG		
1	93	92
4	13	14
10	52	47
11	5	4
12	24	22
14	217	216
15	54	53
24	63	66
25	139	135
34	23	26
35	6	7
55	58	57
78	22	21
79	150	148
80	31	34
82	136	101
88	144	151
89	247	245
90	33	35
96	113	107
97	113	111
102	5	6
106	147	148
107	201	200
111	11	12
115	14	16
116	78	79
121	179	182
125	163	162
127	454	453
130	81	80
133	3	1
134	15	14
138	204	205
140	320	321
141	84	83
	1	1

Beth Israel Hospital – Continued

MRSC	Hospital
	319
	61
	187
	41
	9
2	3
28	27
35	33
3	2
36	30
9	6
63	64
6	5
264	267
265	261
51	50
7	8
1	0
85	84
144	140
2	0
	35
	68
	37
	37
	109
	40
32	31
24	25
13	14
	29
32	33
84	81
5	6
94	96
15	16
	34
19	17
	117
	4
	316 62 185 43 8 2 28 35 3 36 9 63 6 264 265 51 7 1 85 144 2 38 67 36 32 108 41 32 24 13 30 32 38 5 94 15 33

Beth Israel Hospital - Continued

Category	MRSC	Hospital
DRG		
290	78	77
296	152	151
301	35	31
306	14	13
308	10	11
317	0	1
318	7	6
320	126	125
321	77	78
324	26	27
325	13	12
326	13	12
331	47	49
332	34	33
336	37	38
337	71	70
347	8	6
357	28	27
358	250	251
359	348	346
370	330	309
371	670	653
372	1,396	1,399
373	2,945	2,944
374	41	39
376	73	74
381	51	52
383	233	235
384	78	76
395	50	49
398	79	77
399	7	9
401	11	10
403	41	34
404	45	30
408	10	13
409	4	5
410	274	364
413	8	5
414	4	3

Beth Israel Hospital - Continued

DRG B 415 33 32 419 44 42 420 20 21 423 9 8 430 236 238 439 5 4 443 28 25 445 9 8 450 46 45 452 56 58 453 17 18 461 20 22 465 2 3 466 8 10 467 16 18 468 76 73 469 13 0 470 3 0 470 3 0 476 8 7 477 75 76 478 102 101 479 20 21 530 24 23 532 30 29 <th>Category</th> <th>MRSC</th> <th>Hospital</th>	Category	MRSC	Hospital
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562 5 565 1 569 62 60			
565 1 2 569 62 60			
569 62 60			
	574	46	44

Beth Israel Hospital – Continued

MRSC	Hospital
	-
2	3
14	15
16	15
24	25
18	19
32	31
55	56
3	0
32	29
29	25
13	11
21	28
2	3
19	23
60	137
11	17
19	24
247	234
170	176
4,911	4,827
1	2
39	66
41	52
19	20
99	97
10	13
211	224
6	7
44	45
10	11
19	18
13	14
	2 14 16 24 18 32 55 3 32 29 13 21 2 19 60 11 19 247 170 4,911 1 39 41 19 99 10 211 6 44 10 19

Children's Hospital Explanation of Discrepancies

Children's Hospital reported discrepancies in the area of DRGs. The hospital has provided the following corrections to their FY1992 verification report.

Category	MRSC	Hospital
		-
DRG		
603	6	7
606	9	5
607	32	29
608	2	1
609	4	1
611	18	16
613	3	2
614	7	4
615	18	0
616	4	2
617	17	11
618	16	11
619	7	2
620	5	2
621	2	1
622	221	246
623	56	58
624	20	23
626	140	150
627	135	141
628	218	225
629	124	128
630	8	9

<u>Dana Farber Cancer Institute</u> <u>Explanation of Discrepancies</u>

Dana Farber Institute reported discrepancies in the area of DRGs. The hospital has provided the following corrections to their FY1992 verification report.

Category	MRSC	Hospital
DRG		
10	5	7
64	72	73
82	387	438
172	81	100
173	43	41
203	11	13
239	66	72
272	6	7
274	291	320
300	6	7
318	22	30
319	10	9
346	117	123
366	78	83
367	34	33
401	1	3
403	235	293
404	225	222
470	3	8
481	178	179
405	0	1
473	0	166
533	2	0
537	1	0
541	51	0
552	16	0
557	2	0
561	6	0
562	30	0
566	1	0
569	7	0
570	12	0
572	6	0
576	41	0

Faulkner Hospital Explanation of Discrepancies

Faulkner Hospital reported discrepancies in the areas of Race, Age, Payor, Length of Stay, Disposition, LOA Days, # Diagnosis Codes per Patient, # Procedure Codes per Patient, DRGs, and MDCs. The hospital has provided the following corrections to their FY1992 verification report.

Category	MRSC	Hospital
		•
Age		
21-44	1,964	1,965
45-64	1,560	1,559
Race		
White	6,459	6,465
Black	471	472
Other	27	25
Unknown	151	145
Hispanic	199	200
Payor		
Self Pay	293	288
Medicare	3,647	3,650
Blue Cross	702	691
Commercial Insurance	699	701
НМО	1,458	1,469
Total Days		
	50,746	50,739
Total LOA Days		
	43	50
Length of Stay		
3 Days	842	841
5 Days	902	901
10 Days	196	197
11-19 Days	759	756
>20 Days	440	444
Discharge Status		
Home	4,077	4,078
Other	149	148

Category	MRSC	Hospital
Number Diagnosis Codes		
per Patient	200	200
One Diagnosis Code	390	389
Two Diagnosis Codes	736	734
Three Diagnosis Codes	879	878
Four Diagnosis Codes	850	855
Five Diagnosis Codes	969	958
Six Diagnosis Codes	3,533	792
Seven Diagnosis Codes	0	727
Eight Diagnosis Codes	0	635
Nine Diagnosis Codes	0	355
> = Ten Diagnosis Codes	0	1,024
Number Procedure Codes		
per Patient		
Zero Procedure Codes	1,292	1,291
Two Procedure Codes	1,358	1,359
Five Procedure Codes	819	326
Six Procedure Codes	0	247
Seven Procedure Codes	0	99
Eight Procedure Codes	0	62
> = Nine Procedure Codes	0	83
Listing of All DRGs		
12	14	13
14	108	105
15	43	42
24	44	45
25	38	37
57	0	1
76	11	12
79	130	128
80	6	5
82	37	36
89	143	140
96	81	80
99	7	8
113	6	4
121	138	140
122	23	20
124	62	57
125	43	44
127	245	239

Category	MRSC	Hospital
DDC		
DRG	00	00
135	90	88 318
140		50
141 142	49	13
143	89	86
144	24	22
148	77	76
154	12	13
157	16	15
164	5	4
172	18	17
174	41	42
175	30	25
180	31	30
182	136	133
183	73	72
203	16	15
207	22	21
209	80	78
211	3	2
239	21	22
243	45	44
248	9	10
265	40	41
271	9	7
277	82	79
280	9	8
294	29	28
296	80	77
297	11	9
310	24	23
311	6	7
320	70	69
321	9	8
331	13	12
334	25	24
341	14	15
358	97	103

Category	MRSC	Hospital
DDC		
DRG	112	110
359	112	110
364	2	1
394	2	1
395	16	14
401	3	2
416	41	36
421	23	22
444	4	3
445	1	2
449	48	49
450	18	17
468	39	42
475	57	58
476	7	5
477	50	52
478	17	16
532	11	12
533	46	50
536	1	0
540	58	60
541	38	40
542	1	2
543	22	29
544	51	62
549	10	12
550	11	12
551	18	20
552	33	39
557	27	30
558	23	27
562	1	2
563	14	16
565	2	1
566	33	38
567	5	7
569	20	22
573	11	7
574	4	5
575	4	1

Category	MRSC	Hospital
Cutegory	1,111,00	110551111
DRG		
576	7	8
579	4	5
582	13	16
584	36	37
585	37	40
		13
708	12	
757	20	19
782	10	9
List of Top 20 DRGs –		
Rank		
1	316	318
2	296	296
3	245	239
4	182	182
5	176	176
6	143	140
7	143	143
8	138	140
9	136	133
10	130	128
11	115	115
12	112	110
13	108	105
14	97	103
15	92	92
16	90	88
17	89	86
18	82	79
19	81	80
20	80	78
List of MDC's Rank	(Incl. DRGs 468-470)	
Order		
5	1,414	1,418
6	846	842
8	519	520
7 13	317 284	318 283
11	276	283
10	188	186
18	131	128
21	127	128
16	39	38
24	21	22

Category	MRSC	Hospital
-		
MDC		
5	1,387	1,391
6	823	822
4	783	787
8	517	518
1	397	398
7	314	316
19	283	282
11	265	266
10	186	184
18	131	128
21	126	127
16	37	36
24	21	22

Glover Memorial Hospital Explanation of Discrepancies

Glover Memorial Hospital reported discrepancies in the areas of # of Discharges, Ancillary Charges, and DRGs. The hospital has provided the following corrections to their FY1992 verification report.

Category	MRSC	Hospital
# Discharges		
	2,365	2,638
Ancillary Charges		
Total Charges	10,565,359	9,265,359
DRGs		

The hospital indicated possible discrepancies with the DRG listing, but was unable to provide a detailed list.

Goddard Memorial Hospital Explanation of Discrepancies

Goddard Memorial Hospital reported discrepancies in the area of Number of Discharges. The hospital has provided the following corrections to their FY1992 verification report.

Category	MRSC	Hospital
Number of Discharges		
	10,457	10,465

<u>Harrington Memorial Hospital</u> <u>Explanation of Discrepancies</u>

Harrington Memorial Hospital reported discrepancies in the area of Source of Admission. The hospital has provided the following corrections to their FY1992 verification report.

Category	MRSC	Hospital
Source of Admission		
Transfer ICF	8	2
Other	24	30

<u>Hubbard Regional Hospital</u> <u>Explanation of Discrepancies</u>

Hubbard Regional Hospital reported discrepancies in the area of Disposition. The hospital has provided the following corrections to their FY1992 verification report.

Category	MRSC	Hospital
Disposition		
Home	1,636	1,044
Acute Care	185	77
SNF	0	272
ICF	2	17
Psych	0	3
Home Health Care	0	374
Against Advice	19	18
Chronic Rehab	0	37

<u>Jordan Hospital</u> <u>Explanation of Discrepancies</u>

Jordan Hospital reported discrepancies in the area of Routine Days. The hospital has provided the following corrections to their FY1992 verification report.

Category	MRSC	Hospital
Routine Days		
Routine Accommodation		
Days		
Med/Surg	48,505	32,912
Total Accommodation Days	53,825	38,232
Total Days	57,273	41,680

<u>Ludlow Hospital Society</u> <u>Explanation of Discrepancies</u>

Ludlow Hospital reported discrepancies in the areas of Source of Admission and Ancillary Charges. The hospital has provided the following corrections to their FY1992 verification report.

Category	MRSC	Hospital
Source of Admission		
Transfer ICF	130	0
Other	0	130
Ancillary Charges		
Cardiac Cath.	27,269	0
Other Charges	31,480	0

<u>Medical Center of Central Massachusetts</u> <u>Explanation of Discrepancies</u>

The Medical Center of Central Massachusetts reported discrepancies in the areas of Age, Payor, DRGs, and MDCs. The hospital has provided the following corrections to their FY1992 verification report.

Category	MRSC	Hospital
-		
Age		
Newborn	3,909	3,531
0-14	720	1,036
15-20	872	908
21-44	7,037	7,081
Payor		
Self Pay		
Commercial Insurance		
HMO		
DRGs		
0	0	220
98	0	32
112	0	22
198	279	244
200	5	27
475	111	87
479	58	35
620	50	118
627	105	76
628	93	66
629	3,465	3,337
775	112	77
Listing of MDCs (incl. DRGs 468-470)		
15	4,092	4,050
Listing of MDCs (excl. DRGs 468-470)		
15	4,085	4,050
5	3,261	3,291
4	1,946	1,979
6	1,917	1,952
21	255	293
98	106	0
99	49	0

Melrose-Wakefield Hospital Explanation of Discrepancies

Melrose-Wakefield Hospital reported discrepancies in the areas of Accommodation Charges and Routine Days. The hospital has provided the following corrections to their FY1992 verification report.

Category	MRSC	Hospital
Routine Accommodations		
Newborn		
Days	3,395	3,396
Charges	799,100	799,400

New England Deaconess Explanation of Discrepancies

New England Deaconess Hospital reported discrepancies in the area of Payor. The hospital has provided the following corrections to their FY1992 verification report.

Category	MRSC	Hospital
Payor		
Self Pay	350	345
Worker's Comp	85	87
Medicare	5,710	5,718
Medicaid	732	746
Blue Cross	2,374	2,363
Commercial	2,928	1,979
HMO	636	1,584

Noble Hospital Explanation of Discrepancies

Noble Hospital reported discrepancies in the areas of Payor, DRGs, Routine Days, Accommodation Charges, and Ancillary Charges The hospital has provided the following corrections to their FY1992 verification report.

Category	MRSC	Hospital
8 1		
Payor		
Self Pay	82	83
Medicaid	251	256
Other Government	15	12
Other	6	5
Routine Accommodation		
Information		
Days		
Other	3,945	0
Total	31,731	27,786
Charges		
Other	55,849	0
Total	12,743,505	12,687,656
Ancillary Charge		
Information		
Laboratory	2,202,273	2,240,547
CAT Scan	514,679	520,879
Other	92,934	104,309
Total	11,881,897	11,937,746
Listing of DRGs		
14	82	83
75	12	11
87	13	12
89	100	101
90	41	40
96	14	12
97	19	21
101	4	5
121	40	35
122	48	43
123	9	8
127	107	108
138	32	33
148	20	21
157	1	2
180	11	10

Noble Hospital - Continued

Listing of DRGs		
182	35	32
194	0	1
198	45	44
461	4	5
462	67	66
470	1	15
475	24	23
533	26	25
541	48	49
544	58	57
551	6	5
566	13	12
751	6	7

North Adams Regional Hospital Explanation of Discrepancies

North Adams Regional Hospital reported discrepancies in the area of DRGs. The hospital stated:

North Adams Regional Hospital does not own the New York Version 8.0 Grouper that was used to group patients into the appropriate DRGs. Therefore, the hospital was unable to verify the accuracy of the DRG listing report. The hospital indicated no other discrepancies to their Verification Report.

<u>Providence Hospital</u> <u>Explanation of Discrepancies</u>

Providence Hospital reported discrepancies in the areas of # of Discharges, Type of Admission, Source of Admission, Age, Sex, Payor, Length of Stay, Disposition, Average Length of Stay, and Ancillary Charges. The hospital has provided the following corrections to their FY1992 verification report.

Category	MRSC	Hospital
		1
# Discharges		
	8,372	8,374
Disposition		
Home	7,458	7,459
Against Advice	318	319
Ancillary Charge Info.		
Total Charges	21,539,651	21,539,685
Med/Surg Supplies	2,417,554	2,417,602
Laboratory	2,809,617	2,809,603
Age		
15-20 Years	633	634
21-44	3,163	3,164
Payor		
Medicaid	2,380	2,384
Self-Pay	1,147	1,145
Source of Admission		
Physician Referral	5,700	5,702
Type of Admission		
Emergency	3,559	3,561
Sex		
Male	3,486	3,487
Female	4,886	4,887
Length of Stay		
Same Day Discharge	163	164
1 Day	1,259	1,260
Total Days	42,260	42,262
Average Length of Stay		
	5.05	5.00

St. Elizabeth's Hospital Response

St. Elizabeth's Hospital submitted a Response Sheet A in response to the data verification process, indicating that the data contained in the FY1992 merged case mix and charge data verification report was accurate and complete. However, the hospital also submitted the following letter:

In response to your request to verify the St. Elizabeth's Hospital merged case mix/billing data for FY1992 we have validated the data and provided background information on the charge data for those who will be using these reports in the future. We feel it is essential that users recognize the limitations of these data.

In our testing of the validation data, we found both the general statistical data and the DRG counts based on the N.Y. All-Patient Grouper Version 8.0 to be consistent with internal reports generated by U.I.S. and by the CCIS /ACH Computer Center.

For users of these data, we would emphasize that other FY1992 DRG reports with which they are comparing or trending data may be based on a different grouper. It is important to be alert to the differences in specific DRG counts which result from annual changes in the Grouper logic, with some DRGs split with medical conditions assigned to some DRGs redefined. The annual Grouper changes have a strong impact on the data for the affected disease categories.

As you are aware, it is essential to recognize in any use of this information that it is not correct to make comparisons with similar data in other St. Elizabeth's Hospital reports or with similar data from other hospitals, without first reconciling all data on a line item by item basis. Simplistic Comparisons of these FY1992 case mix/charge data among hospitals cannot result in conclusions that are credible for FY1992 much less valid for other years for a variety of reasons, which include the following:

1. Medical Records Documentation

Historically, medical records were intended primarily for use by Physicians. With changes in the reimbursement system they have become the primary means of documenting the need for all resources used in caring for the patient. The systems to provide this documentation of complete diagnostic information, including differences in the severity of illness of patients with the same diagnosis, are under development. They therefore vary in their level of sophistication from hospital to hospital.

As a result, comparative case mix complexity indices may reflect differences in coding practices among hospitals, in addition to differences in the type of patient treated. Further, the DRG Patient Classification System is inadequate to document differences in the severity of illness, or in the stage of disease, of patients who fall within the same DRG. The DRG system has been demonstrated to be completely inadequate, for example, for cancer, trauma, and psychiatry patients. Clearly, these factors affect the resources needed to care for patients,

St. Elizabeth's Hospital Response - Continued

1. Medical Records Documentation - Continued

and require further development and documentation. The DRG system is being refined to better reflect casemix differences.

2. Charge Structures Vary significantly among hospitals and from year to year

-Services included in the charge structure differ among hospitals within any given year. For example: Physician components may be included in one hospital's charge while in another it may not. If Hospital A pays its Radiologists for reading X-Rays, Radiology charges will be included with other patient charges. On the other hand, at Hospital B the physicians may be billing the patients directly and these charges will not be included in the Hospital's accounts.

-An individual hospital's charge structure may change substantially from year to year. Since the revenue cap applies only to total revenue, each hospital is free to adjust charges as it deems appropriate within the literally thousands of accounts. To comply with the revenue cap, hospitals may make charge adjustments at various times during the year (monthly, quarterly, or once annually). One hospital may decide to address compliance by adjusting only room and board charges. Another may adjust all charges across the board.

3. <u>Inaccuracies of cost comparisons that depend on cost/charge ratios (RCCs) when</u> these data are used in conjunction with data in the 403 cost reports.

a. RCCs – The RCCs do not in any way reflect true costs. They are at best estimates of average costs net of income recoveries. They are influenced by the various methodologies among hospitals for grouping accounts included in the 403 cost centers, by the various allocation methodologies that are employed, and by the series of issues referenced above related to differences in hospital charge structures.

For example:

- (1) One hospital may generate twice as much parking income as another hospital of similar size. The full cost of the parking operations at the two may be the same, but clearly the cost/charge ratios will differ.
- (2) Since RCCs reflect only average costs, they break down further when small numbers are involved, as they are at the procedural level. True costs of procedures will vary with the time or day of the week, depending on such factors as differences in the staffing involved, comparable procedures performed at the same time, etc. An Open Heart procedure scheduled in advance is less costly that one performed on an emergency basis on a weekend evening. Averages also break down in looking at incremental costs.

St. Elizabeth's Hospital Response – Continued

The cost of performing the "next" Open Heart Procedure will be much less at an institution with high levels of fixed costs rather than in a hospital with high levels of variable costs.

b. <u>Differences in data accumulation in the 403 Cost Report and the Case Mix/Billing Tapes</u>

Analysis of these charge data in conjunction with financial data in the 403 Cost Reports is further complicated by the differences in data accumulation for these reports, which are generated for different uses. Two major factors result in data, which are not comparable:

(1) There are differences in the cut-off points. The Case Mix system accumulates data on the basis of all charges accumulated prior to a patient's discharge, while the 403 accumulates charges posted to patient accounts with dates of service within a fiscal year.

Impact: The 403 Report includes charges posted to patient accounts before the patient is discharged; final billing must be completed before charges accumulate on the Case Mix tape.

(2) The cost center summary level grouping of accounts defined for the Case Mix tapes differ from various groupings used by individual hospitals in preparing their 403 Cost Reports. These differences will vary from year to year, and among different hospitals in any given year.

St. John's Hospital Response

St. John's Hospital reported discrepancies in the area of Payor. The hospital provided the following statement:

St. John's Hospital merged with St. Joseph's Hospital on October 1, 1992 to form Saints Memorial Medical Center. Due to the loss in personnel at the St. John's campus – including the hospital's primary case mix contact person – a detailed discrepancy listing could not be obtained. An initial review did indicate that discrepancies may exist in the Payor Classification information. No other significant discrepancies were found.

Josiah B. Thomas Hospital Response

Josiah B. Thomas Hospital submitted the following statement to the Rate Setting Commission.

The J. B. Thomas Hospital was sold to the Lahey Clinic on January 1, 1993. The Administration and supporting personnel – including the Medical Records Administrator – were not rehired by Lahey Clinic. Therefore, the accuracy of the case mix data could not be verified, and Response 'B' was submitted.

<u>UMass. Medical Center</u> Explanation of Discrepancies

University of Massachusetts Medical Center reported discrepancies in the areas of # of Length of Stay, Accommodation Charges, Routine Days, and Special Care Days. The hospital has provided the following corrections to their FY1992 verification report.

Category	MRSC	Hospital
Length of Stay		
11-20 Days	1,721	1,828
>20 Days	1,121	1,014
Accommodation Info.		
Total Routine Days	94,778	94,310
Total Special Care Days	15,451	15,533
Routine Accommodations		
Med/Surg		
Days	81,381	74,537
Charges	40,057,484	37,072,158
Pediatrics		
Days	4,627	11,047
Charges	2,183,619	5,187,146
Psychiatric		
Days	8,770	8,726
Charges	4,428,771	4,406,589
Special Care		
Accommodations		
Med/Surg		
Days	14,415	13,352
Charges	15,917,405	14,585,618
Pediatric ICU		
Days	804	1,889
Charges	895,300	2,105,711
Burn Unit		
Days	232	292
Charges	394,400	490,220

SECTION C. UNNACCEPTABLE DATA FILE

Unacceptable Data File

This file contains data from those hospitals who have submitted less than four quarters of acceptable data.

Four hospitals failed to submit all four quarters of data, which meet the requirements of Regulation 114.1 CMR 17.00. They are:

Athol Memorial Hospital:

Athol Memorial Hospital did not submit acceptable data for the fourth quarter of Fiscal Year 1992. The hospital did submit acceptable data for the first three quarters of the fiscal year. This data appears in this file.

Martha's Vineyard Hospital:

Martha's Vineyard Hospital did not submit any data for the third and fourth quarters of Fiscal Year 1992. The hospital did submit acceptable data for the first and second quarters. This data appears in this file.

Somerville Hospital:

Somerville Hospital did not submit any data for the third and fourth quarters of Fiscal Year 1992. The hospital did submit acceptable data for the first and second quarters. This data appears in this file.

Worcester City Hospital:

Worcester City Hospital closed during the second quarter of Fiscal Year 1992. The hospital did submit acceptable data for the first and second quarter of the Fiscal Year. This data appears in this file.

SECTION D. ATTACHMENTS

Attachment I

MASSACHUSETTS RATE SETTING COMMISSION **RESPONSE SHEET A**

(HOSPITAL)
General Instructions
Fully review your hospital's FY1992 merged case mix and charge data verification report. If you agree that the data as it appears in the verification report is the data that was submitted to the Commission by the hospital on its quarterly merged case mix tapes, and if you agree that this data accurately represents the hospital's case mix profile, then you must complete and return this form to the Massachusetts Rate Setting Commission (MRSC). If the MRSC has not received the completed form by <u>Tuesday June 2, 1993</u> , when the general documentation is published, your hospital's name will be listed among those who did not respond. The hospital may submit additional comments to the Commission if it so desires.
I, WITH AUTHORITY SPECIFICALLY (Please print full name)
(Please print full name) VESTED IN ME BY THE GOVERNING BODY, HEREBY CERTIFY THAT I HAVE EXAMINED AND VERIFIED THE DATA CONTAINED IN THE MRSC'S FY'92 MERGED CASE MIX AND CHARGE DATA VERIFICATION REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE DATA IS ACCURATE AND COMPLETE. THIS DECLARATION IS BASED UPON ALL INFORMATION OF WHICH I HAVE KNOWLEDGE. THIS CERTIFICATION IS SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY.
SIGNED: TITLE: DATE:
If the Commission has any questions regarding the hospital's response, it should contact M_{-} at ()

Mr. Paul Henry, Data Analyst Return to: The Massachusetts Rate Setting Commission

(Name)

Two Boylston Street Boston, MA 02116

Attachment II

$\frac{\text{MASSACHUSETTS RATE SETTING COMMISSION}}{\text{RESPONSE SHEET B}}$

(HOSPITAL)
General Instructions
Fully review your hospital's FY1992 merged case mix and charge data verification report. If you have noted any discrepancies in the data, then you must complete the following statement. Your hospital must also supply the proper figures and provide comments to explain the discrepancies. These comments must be typed and submitted with this form. The hospital may submit additional comments to the Commission if it so desires. If the MRSC has not received the completed form by Tuesday June 2, 1993, when the general documentation is published, your hospital's name will be listed among those who did not respond. Your hospital may also miss any final opportunity to correct your case mix data.
Please note: any figures and comments accompanying this response sheet will comprise the entire documentation of your hospital's FY'92 merged case mix and charge data submissions and will be distributed as is to all qualified users of the data base.
I, WITH AUTHORITY SPECIFICALLY VESTED IN ME BY (Please print full name) THE GOVERNING BODY, HEREBY CERTIFY THAT I HAVE EXAMINED AND VERIFIED THE DATA CONTAINED IN THE MRSC'S FY'92 MERGED CASE MIX AND CHARGE DATA VERIFICATION REPORT AND THAT THE DATA IS ACCURATE AND COMPLETE EXCEPT FOR THE FOLLOWING CATEGORIES: # of Discharges Type of Adm Source of Admission Month of Discharge Age Sex Race Payor Length of Stay Disposition LOA Patients LOA Days # Diagnosis Codes Used per Patient # of Procedure Codes Used per Patient Avg. LOS Accommodation Chrgs Routine Days Special Care Days Ancill. Charges DRGs MDCs
I HAVE ATTACHED CORRECTED DATA AND SPECIFIC INFORMATION AS TO WHY THESE DATA DIFFER FROM THE ORIGINAL DATA SUBMITTED TO THE MRSC BY THE HOSPITAL ON ITS QUARTERLY CASE MIX TAPES. THIS DECLARATION IS BASED UPON ALL INFORMATION OF WHICH I HAVE KNOWLEDGE. THIS CERTIFICATION IS SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY. SIGNED: TITLE: DATE:
If the Commission has any questions regarding the hospital's response, it should contact M at ()
(Name)
Return to: Mr. Paul Henry, Data Analyst The Massachusetts Rate Setting Commission

Two Boylston Street Boston, MA 02116

Attachment III

TYPE A ERRORS

Record Type

Submitter ID Number

Receiver ID

DPH Hospital Computer Number

Type of Batch

Period Starting Date

Period Ending Date

Patient Medical Record Number

Patient Sex

Patient Birthdate

Patient Over 100 Years Old

Admission Date

Discharge Date

Patient Status

Billing Number

Claim Certificate Number

Source of Payment

Revenue Code

Units of Service

Total Charges (by Revenue Code)

Principal Diagnosis Code

Associate Diagnosis Code (I-IV)

Principal Procedure Code

Significant Procedure Codes (I-II)

Number of ANDs

Physical Record Count

Record Type 2x Count

Record Type 3x Count

Record Type 4x Count

Record Type 5x Count

Total Charges: Special Services Total Charges: Routine Services

Total Charges: Ancillaries

Total Charges: All Charges

Number of Discharges

Total Charges Accommodations

Submitter Employer Identification Number

Number of Providers on Tape

Count of Batches

Batch Counts (11, 22, 33, 99)

Attachment III - Continued

TYPE B ERRORS

Patient Race
Type of Admission
Source of Admission
Patient Zip Code
Attending Physician Number
Operating Physician Number
Date of Principal Procedure
Date of Significant Procedures

Attachment IV

Contents of Hospital Verification Report Package

- Seven Page Frequency Distribution Report containing the following data elements:
 - Total Number of Discharges
 - Type of Admission
 - Source of Admission
 - Month of Discharge
 - Age
 - Sex
 - Race
 - Payor
 - Leave of Absence Patients
 - Leave of Absence Days
 - Total Days
 - Length of Stay
 - Average Length of Stay
 - Disposition Status
 - Number of Diagnosis Codes Used per Patient
 - Number of Procedure Codes Used per Patient
 - Accommodation Charge Information
 - Ancillary Charge Information
- Complete Listing of Discharges per DRG
- Top 20 DRG's in Rank Order
- Major Diagnostic Categories (MDC's) in Rank Order
- Response Sheets A & B: Completed by hospitals and returned to the Rate Setting Commission

Attachment V Hospital Listing With the Department of Public Health Computer Facility Numbers

DPH Facility Number	Hospital Name
2202	Adcare Hospital of Worcester
2016	Addison Gilbert
2078	Amesbury
2006	Anna Jaques
2226	Athol Memorial
2073	Atlanticare
2339	Baystate
2313	Berkshire
2069	Beth Israel
2007	Beverly
2307	Boston City
2921	Brigham & Women's
2118	Brockton
2034	Burbank
2108	Cambridge
2135	Cape Cod
2311	Cardinal Cushing
2003	Carney
2337	Charlton Memorial
2139	Children's
2126	Clinton
2155	Cooley Dickinson
2335	Dana Farber
2018	Emerson
2052	Fairview
2289	Falmouth
2048	Faulkner
2020	Framingham Union
2120	Franklin Medical
2054	Glover Memorial
2101	Goddard Hospital
2091	Hahnemann of Boston
2143	Harrington Memorial
2131	Hale
2036	Henry Heywood
2119	Heritage*
2231	Hillcrest

Attachment V Hospital Listing With the Department of Public Health Computer Facility Numbers

DPH Facility	Hospital Name
Number	•
2225	Holy Family**
2145	Holyoke
2157	Hubbard Regional
2082	Jordan
2033	Lahey Clinic
2099	Lawrence General
2038	Lawrence Memorial
2127	Leominster
2039	Leonard Morse
2040	Lowell General
2160	Ludlow Hospital Society
2041	Malden
2103	Marlborough
2042	Martha's Vineyard
2148	Mary Lane
2167	Mass. Eye & Ear
2168	Mass. General
2077	Medical Center of Central Mass. ***
2058	Melrose-Wakefield
2149	Mercy
2105	Milford-Whitinsville
2227	Milton
2022	Morton
2071	Mt. Auburn
2044	Nantucket Cottage
2298	Nashoba Community
2059	N. E. Baptist
2092	N. E. Deaconess
2299	N.E. Medical Center
2060	N. E. Memorial
2075	Newton-Wellesley
2076	Noble
2061	North Adams Regional
2114	Norwood
2150	Providence
2151	Quincy
2011	St. Anne's
2085	St. Elizabeth's

Attachment V Hospital Listing With the Department of Public Health Computer Facility Numbers

DPH Facility	Hospital Name
Number	
2029	St. John's
2063	St. Joseph's
2010	St. Luke's of N.B.
2065	St. Margaret
2128	St. Vincent
2014	Salem****
2001	Somerville
2107	South Shore
2856	Southwood
2100	Sturdy Memorial
2171	J.B. Thomas
2106	Tobey
2084	University
2841	UMass. Med. Center
2067	Waltham/Weston
2046	Whidden Memorial
2094	Winchester
2181	Wing Memorial
2013	Winthrop Community
2125	Worcester City

- * Formerly Central Hospital
- ** Formerly Bon Secours Hospital
- *** Merger of Holden District, Worcester Hahnemann, and Wocester Memorial Hospitals
- **** Merger of Salem and North Shore Children's Hospitals